

STATE OF HAWAII
DEPARTMENT OF TRANSPORTATION
HARBORS DIVISION

DOT 3-239 (HAR-SF)

CHECK IF: ☐ SHIP TO SHIP

☐ CORRECTION REPORT

INTER-ISLAND AND INTRA-ISLAND REPORT

Check one: Port of	
Honolulu	1
Kewalo	2
Barbers Point	3
Hilo	4
Kawaihae	5
Kahului	6
Nawiliwili	7
Port Allen	8
Kaunakakai	9
Kalaupapa	10
Other (specify)	11

AGENT NAME: _____ AGENT CODE _____

VESSEL NAME: _____ VOY. NO. _____

(Fill in if monthly report) MONTH OF: _____ NO. VOYAGES: _____

ARRIVAL DATE _____ PIER NO. _____

SHIFT DATE _____

DEPARTURE DATE _____

COMMODITY	CODE	Unit of Measure	INCOMING			OUTGOING		
			RATE	UNITS	Wharf Toll Amt.	RATE	UNITS	Wharf Toll Amt.
PASSENGERS DEBARK & EMBARK	60-47	each						
PASSENGERS IN TRANSIT	60-48	each						
OFFSHORE MOORING DEBARK & EMBARK	60-49	each						

WHARFAGE DUE

INCOMING

\$

OUTGOING

\$

- NOTE: 1. Payment and correctly completed reports must be received not later than fifteen (15) days after date of completion of handling of cargo over state wharves.
2. Late payment fee and interest will be charged for all incorrect or delinquent filing and payment.

TOTAL WHARFAGE CHARGES

\$

REMARKS _____

ENCLOSED IS
CHECK NO. _____
FOR THE AMOUNT OF

\$

I hereby certify that this is a true and correct account of all charges incurred by the above vessel in conformance with the Current Rules and Tariff of the Harbors Division, Department of Transportation, State of Hawaii.

Date

Agent or Owner

Telephone No.

Signature

TRANSMITTAL NO. _____

FOR HARBOR USE ONLY

INTER-ISLAND
DOCUMENT NO. _____

PAYMENT DATE RECEIVED _____ RECEIPT NO. _____

NOT RECEIVED _____ INTEREST DUE \$ _____

☐ TRANSSHIPMENT CARGO

IF CORRECTION REPORT - ENTER ORIGINAL TOLL REPORT DOCUMENT NO _____

\$